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SUBJ/PUBLIC AFFAIRS-NAVAL SERVICE MEDICAL NEWS (NSMN) (95-37)//
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RMKS/1. THIS SERVICE IS FOR GENERAL DISTRIBUTION OF INFORMATION AND NEWS OF INTEREST TO NAVY AND MARINE CORPS MEMBERS, CIVILIAN EMPLOYEES, FAMILY MEMBERS AND RETIRED BENEFICIARIES OF NAVY MEDICINE. MAXIMUM AND TIMELY REDISTRIBUTION OR FURTHER REPRODUCTION AND USE BY ACTION ADDRESSEES IS ENCOURAGED. THIS MESSAGE HAS BEEN COORDINATED WITH THE COMMANDANT OF THE MARINE CORPS (CMC). THE COMMANDANT HAS AUTHORIZED TRANSMISSION TO MARINE CORPS ACTIVITIES.

2. HEADLINES AND GENERAL INTEREST STORIES THIS WEEK:
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HEADLINE: Surgery in the Park at Camp Lejeune
2D MED BN Camp Lejeune, NC (NSMN) -- Recently, the Marines and Sailors of Second Medical Battalion, Second Force Service Support Group, Camp Lejeune, completed a surgical exercise during which 12 minor surgical procedures were completed in a field operating room.

Commanded by CAPT Carl Hooton, MSC, the 2d Med BN, in close coordination with Naval Hospital Camp Lejeune's Commanding Officer CAPT M.L. Cowan, MC, deployed a reduced Collection and Clearing Company to a site on the naval hospital's compound as part of Field Surgical Exercise 1-95.

"The goal of the exercise was to completely set up a fully functional surgical unit and give medical staff the experience of providing actual health care in the field," said Hooton.

Medical exercises generally involve simulated casualties, significantly limiting realism in training personnel in field medical care. That aspect was changed for this exercise as surgeons from the naval hospital screened their active duty patient population for suitable minor surgery cases. Altogether, 12 patients were selected to receive care through "C" Company's

surgical unit.

The result was a highly successful exercise that provided invaluable training to Battalion and Medical Augmentation personnel.

Under the supervision of their Company Commander LT Howard Aupke, MSC, "C" Company spent five days at the site setting up ward, operating room, lab, radiology, CSSR, and Administrative tents. A thumbs up from the Infection Control, Safety and Environmental Health representatives from Naval Hospital Camp Lejeune ushered in two days of minor surgery. Upon conclusion of the surgery portion of the exercise, the facility was open for tours.

The facility hosted several visitors, including Navy Surgeon General VADM Harold M. Koenig, MC; 2d FSSG Commander BGen H.K. Barnes; and Medical Officer of the Marine Corps RADM Dennis Wright, MC. Other visitors included students from Lejeune High School, who were given an opportunity to see a variety of medical careers unique to the Navy.

Patients, staff and visitors were pleased with the operation and surprised by the capabilities and cleanliness of the facility. An unexpected benefit of the exercise was the apparent comfort level it provided to Marines, Sailors and their families.

"My dad is a Marine," said one high school student, "and this makes me feel much better about his job just knowing what kind of care you are able to give him if he needs it."

The entire exercise was a tremendous success and was best summed up by the words of Sgt Kelvin Roberts, one of the 12 patients. "The operation I received was surprisingly painless," he said. "As I walk out of here, I am fully aware of what doctors and corpsmen are capable of doing for Marines."

Story by LTjg Thomas E. McCoy, MSC, USNR, 2d Medical Battalion

-USN-

HEADLINE: Mobile Hearing Testing Service, Serving the Fleet

NAVHOSP Jacksonville, FL (NSMN) -- If the mountain won't come to Mohammed, Mohammed will go to the mountain. Taking their cue from that bit of wisdom and wanting to provide the best customer service possible, Naval Hospital Jacksonville conducts hearing tests literally at your doorstep or, in the case of ships at Naval Station Mayport, at the foot of your brow.

Hearing loss among our Sailors has long been a concern due to the prevalence of dangerously high levels of noise in the military work environment. With all the loud noise, hearing loss can be a serious problem if proper measures are not taken. Naval Hospital Jacksonville takes a proactive role in preventing noise-induced hearing loss among our naval personnel. Part of that role is a specially designed 40-foot mobile, self-propelled "RV style" truck, which literally provides "door-to-door" hearing testing services for deployable commands. The medical unit, called a Mobile Hearing Conservation Audiometric Truck, or "MOHCAT" for short, may often be seen touring about, on its way to Mayport or the hangars at Naval Air Station Jacksonville.

The MOHCAT can drive up to a pier or hangar and provide hearing tests for large numbers of patients in a very convenient

and efficient manner.

Everyone who works around high noise levels must have their hearing tested annually. This requirement can consume many hours of work time in a command with several hundred people. With the MOHCAT, four patients can be tested every 10 to 15 minutes -- barring any problems or special needs. Conservatively, this means 80 patients or more can be evaluated in a day, and there's virtually no travel time and little wait time involved. Patients can be seen and back to work within the hour. Not only is it easier for commands to keep up with annual audiograms -- an OPNAV requirement -- but potential problems can be spotted and dealt with on the spot.

The MOHCAT has been custom built with a four-man sound booth and special computerized testing equipment. A certified audiometric technician tests up to four patients at a time, fits hearing protection when needed and will take proper measures for patients with hearing loss.

"The big thing is that we can get large numbers of people done right on the pier," said LCDR Jon Saul, MSC, head of the Operational Audiology division and certified Audiologist. And he's not just referring to hearing tests.

When a hearing problem is detected, Ms. Anna Grasmick, the audiometric technician, will make sure that patient is completely taken care of -- including personally fit earplugs and counseling on proper measures to prevent noise-induced hearing loss.

The MOHCAT, which is less than two years old, allows the hospital to meet the needs of the fleet. "We really try to bend over backwards to accommodate the operational units," said Saul, "their schedule is so hectic. We can pull up to their doorstep with minimal disruption to their work schedule."

In other words, Naval Hospital Jacksonville takes the MOHCAT to the mountain to prevent unnecessary hearing loss and ensure physical readiness.

Story by Naval Hospital Jacksonville Operational Audiology Staff
-USN-

HEADLINE: New Fisher House Opens in Portsmouth

NMC Portsmouth, VA (NSMN) -- The 23rd Fisher House, a "home away from home" for families of hospitalized service members, will be dedicated in a ceremony on Tuesday, 26 September, at Naval Medical Center Portsmouth.

Fisher Houses are located at military installations and VA hospitals across the country and provide a comfortable, temporary home for families of service members who have been hospitalized far away from home. Fisher Houses are built and initially funded by the Fisher Foundation, founded by Zachary and Elizabeth Fisher.

The Fisher House Program has dedicated more than \$15 million to the construction of these homes. By the end of this year, 25 Fisher Houses will be open to military families in need.

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EDITORS NOTE: Media coverage of the 1 p.m. event is encouraged, and the Fishers will be available for interviews during the afternoon's proceedings. Media must check in no later than noon

to receive credentials and get interview specifics. For details, contact NMC Portsmouth Public Affairs at (804) 398-7986. Media interested in attending need to notify the public affairs office prior to 5 p.m. Monday, 25 September.

-USN-

HEADLINE: Mentoring in the Medical Service Corps

BUMED Washington (NSMN) -- How many times have you been asked to take on a particular job or leadership role with little or no training? Wouldn't it be nice if you had a "big sister" or "big brother" to show you the ropes. Often times new inexperienced employees need a mentor or role model to guide them along the right course. One junior officer, LT Larry Picard, MSC, views mentoring as "guidance in lieu of a hard lesson."

The Medical Service Corps has successfully instituted an active mentoring program that offers Navy medicine a program that can be adapted by any Corps. Mentoring in the Medical Service Corps is a deliberate pairing of a more skilled and experienced officer with a less skilled protege, with the agreed-upon goal of having the protege develop specific competencies.

The MSC's Assisted Formal Mentoring Program enriches and empowers employees as opposed to an informal approach to mentoring which often perpetuates the "norm." The program is tailored to meet specific protege-driven goals and command-driven goals. It is planned and voluntary. It can be monitored and refined.

To start a mentoring program at your local command, select a Mentor Program Officer to assist mentors and proteges. In preparation, the Mentor Program Officer should publicize the mentoring program and match mentor and protege volunteers. Once the Formal Assisted Mentoring Program has been implemented, mentors and proteges should develop a plan of action and sign a practical contract. As the mentor-protege relationship develops, it should be monitored, evaluated and refined.

Each protege should receive a well-rounded orientation and structured overview of the Navy. Assign proteges to work in different departments for a few days, such as the Comptroller's Office, Patient Administration or Emergency Room. Recommended collateral duties to be assigned during the protege's first tour of duty include JAGMAN Investigation, Court Martial and Officer of the Day. Suggested courses are Navy Leadership, Navy Correspondence and Civilian Personnel Training. Proteges should be encouraged to volunteer for committee service and attend the following functions: Medical Service Corps Ball, Change of Command and a Reenlistment Ceremony.

For more information about the MSC Assisted Formal Mentoring Program, contact CAPT Kathleen D. Morrison, MSC, at the Bureau of Medicine and Surgery, on (202) 653-0119.

Story by Ann Kirby, Bureau of Medicine and Surgery

-USN-

HEADLINE: Navy Nurse Corps Officer Blazes Trail with Air Force

USTRANSCOM Scott AFB, IL (NSMN) -- A Navy nurse graduating with honors is not really unusual. A Navy nurse being voted as

the honor graduate by the faculty of the Air Force School of Aerospace Medicine in San Antonio is a bit more unique.

LCDR Linda Ireland, NC, was that honor graduate. A member of Flight Nursing Class 95-02-27, Ireland did not have the highest academic score in the class -- even with a 96 on a 100-point scale. What she did have was the more elusive quality that marks an honor grad -- a dynamic combination of scholastic achievement, personality and leadership.

From an honor graduate to a trailblazer, Ireland reported in May as the first Navy Nurse Corps officer to fill a billet at the Global Patient Movement Requirements Center (GPMRC), a part of the U.S. Transportation Command at Scott Air Force Base, IL. The GPMRC "puts patients into the airevac system," explained Ireland. She works with 11 other nurses -- all graduates of the flight nursing course. They validate patients for flight, ensuring they are medically stable and the in-flight medical staff will have everything they need to safely transport the patient.

The GPMRC staff is located in the same building as the 375th Air Wing, the squadron which flies the medical missions, to ensure smooth coordination of each airevac. "We in the Navy call them medevacs," said Ireland, "but they're correctly called airevacs."

And right now, she's flying a lot of them. She spends three or four days a month learning the ropes of GPMRC's administrative function. Otherwise, she's in the air, which is considered the clinical side of the GPMRC. "I need to have 500 hours flight time first," said Ireland, before spending very much time on the ground working the administrative side. By the end of her three-year tour, she'll spend about 75 percent of her time supporting airevac missions administratively and the rest in the air providing clinical support. "All the nurses have to maintain a minimum amount of flight time to retain their status as flight nurse," she said.

"This is an exciting chance to see a different aspect of the military," said Ireland of her assignment. "It's not an Air Force system. It's a military system, run by the Air Force, but used by all the services to transport our sick and injured. This gives me an opportunity to learn the system, and I'll be able to help educate the Navy on how to use it better."

Story by Liz Lavallee, Bureau of Medicine and Surgery

-USN-

HEADLINE: Naval Hospital Ceremony Remembers POWs/MIAs

NAVHOSP Camp Pendleton, CA (NSMN) -- On Friday, 15 September, Naval Hospital Camp Pendleton paid tribute to the gallant personnel unaccounted for from all wars with a Service of Remembrance for Prisoners of War and Missing in Action. A crowd of about 100 people, including three former prisoners of war, gathered at the hospital to honor America's POWs and MIAs on this year's National POW/MIA Recognition Day.

As President Clinton stated in his message declaring this day of recognition, "Their courage and devotion to duty, honor and country will never be forgotten by the American people." And they have been especially remembered by Naval Hospital Camp

Pendleton, which began an annual remembrance service five years ago. The service especially honors 12 Navy corpsmen who are listed as POW/MIA and who have a memorial on the hospital's grounds.

"The combat corpsmen whose names are listed on this bronze plaque are symbols of courage, compassion, honor and duty," said guest speaker Michael Clark, a retired Navy chief warrant officer. He told those who wear the caduceus to wear it proudly because they come from a proud and distinguished heritage. "You are the life's blood of any combat unit," he declared.

Story by Anne Severy, Naval Hospital Camp Pendleton

-USN-

HEADLINE: Corpsman at Boone Clinic is Olympic Hopeful

BMC Little Creek, VA (NSMN) -- Amid the hustle and bustle of the Military Sickcall at Boone Branch Medical Clinic in Little Creek, VA, you'll find an unobtrusive Olympic hopeful. HM2 Kenneth Horsley, the senior corpsman of Family Medicine at Boone Clinic, is proving that a strong will, dedication and plenty of hard work can make your dreams come true.

In 1992, while on a Mediterranean cruise, Horsley took up boxing to stay in shape and pass some long hours aboard USS Whidbey Island (LSD 41). A shipmate, QM1 Michael Clifton, knew raw talent when he saw it and fostered that talent. After several months of shadow boxing and training, Horsley competed in the Smoker's Tournament where he defeated his first opponent, a Navy SEAL.

Although not chosen for the All Navy League Boxing Team in 1993 or 1994, a lot of determination and support from his friends and family brought Horsley through four victories and onto the All Navy Team in 1995. With two Camp Elmore super-heavyweight titles, a Virginia State Games title and the Virginia Golden Gloves title behind him, the future is looking bright. Today, the 210-lb., 6'4" corpsman has his eyes on Atlanta.

The road to the Olympics isn't an easy one, but Horsley knows what he wants and how to get there. At the last Armed Forces Tournament, Horsley prevented the Army from winning across the weight classes by defeating his opponent. His was the Navy's only victory. The World Military Games in Rome this year will give Horsley a great chance to shine as he competes against more than 3,000 military athletes from more than 80 countries. The games will also give him a taste of the international flavor of the Olympics.

Horsley has two good shots for the 1996 Olympics. The winners of the Police Athletic League Tournament and the Armed Forces Tournament get an automatic spot on the Olympic pre-trial team. He is considered a major contender in both tournaments.

With determination, skill and the continued support of his wife and children, and friends such as MMCS(SW) Roosevelt Carthan who keeps after him about his training schedule, Horsley hopes to achieve his wildest dream -- to sit at home with his family and watch the video of his best fight ... Atlanta 1996.

Story by HN Amy Huey, Boone Branch Medical Clinic

-USN-

HEADLINE: CHILD HEALTHWATCH: Back to School ... Now What?

USNH Yokosuka, Japan (NSMN) -- Summer is over and the kids are "back to school." Gone are the days of sleeping in and going to the pool to cool off. For some, school opening is a time of excitement and new adventures. Others find the start of the school year a time to renew old friendships and meet new teachers. Every year, new students arrive and others have moved on. As parents, we may look forward to the start of school as a time to catch our breath after the past few busy months.

Nothing is more important for the start of school than being well rested and well nourished. The majority of school-age children have no difficulties with sleep. Their sleep requirements and patterns are closer to the adult's than to the preschooler's. Individual needs vary, but most children need between 8 and 12 hours a night. Most children and parents are able to agree on a bedtime, allow flexibility on non-school nights, and keep to that agreement.

School-age children also need a well-balanced diet. The average of 2400 calories per day required to meet growth needs is usually spread over three meals and one snack. Some common nutrition problems, however, do occur. Breakfasts are often skipped or are not nutritionally sound. Children may trade their lunches or use their lunch money for "junk" food that is high in sweets and calories but low in nutrition. Children play a greater role in the decisions regarding their food intake, but parents should discuss with their children what they want to eat, need to eat and will eat.

The school-age child usually is physically active. Children need physical exercise or activities to enhance the development of strength, balance and coordination. This occurs through group activities and organized sports such as soccer; through activities of individual skill, such as gymnastics; and through unorganized play such as bike riding (with a helmet, of course).

Skill in motor tasks can win the respect of other children as well as provide a feeling of self-accomplishment.

Organized activities, such as scouts, teach children how to function in groups and what is involved in carrying out a task. This can prepare them for a future job.

An important aspect of development for the school-age child is learning how to cope with stress. Although many believe their child "has it made" -- being cared for, going to school and playing -- he or she actually has many experiences in life that are stressful and need to be confronted. These include problems such as change, competition, frustration and failures.

Since not all children can succeed at all tasks, a variety of experiences should be provided so they can succeed at something. Parents need to learn the importance of giving positive feedback to their children, of setting realistic goals, and of helping the child attempt realistic tasks.

Parents often spend much time teaching school-age children preventive health practices, such as personal hygiene, dental care and good nutrition. While most children understand what health is and that germs cause illness, parents, teachers and

health professionals should be positive role models when it comes to health promotion.

School-age children are constantly exposed to bacterial, viral and other biologic agents that are potential threats to health. Compared to the preschool child, however, the school-age child has fewer illnesses. The most common illness continues to be upper respiratory infections (the common cold). Rarely do these cause any serious problems and children should be reminded to wash their hands to help prevent the spread of these viral illnesses.

Occasionally, a child may experience more bothersome illnesses. These may include strep throat, fever or stomach flu. Parents can expect to keep these children home from school for a day or two as the illness subsides. Plenty of rest, some extra fluids and TLC will go a long way toward helping the child recover. The school will, of course, appreciate being kept informed of the child's health.

So, it's "back to school" for another exciting year. Working together, we can keep our children safe and healthy as they grow and learn.

Story by LCDR Kevin Haws, NC, Certified Pediatric Nurse
Practitioner, U.S. Naval Hospital Yokosuka

-USN-

HEADLINE: HEALTHWATCH: Diabetes Can Affect Anyone

NMC Oakland, CA (NSMN) -- Did you know that in this country there are an estimated 14 million diabetics -- about one in 20 people -- and only about half of them are diagnosed? Diabetes is a disease that affects and will affect many Americans; it may even affect you one day. Diabetes affects both men and women of all ages and races, regardless of socio-economic status.

What is diabetes? It is a chronic life-long disease where your body cannot properly use the energy from the foods you eat. In a non-diabetic person, the pancreas manufactures insulin that transports glucose into the body cells. If for some reason insulin is not available, glucose cannot get into the cells, and fat and protein are broken down for energy.

The pancreas is the organ that produces insulin and other digestive enzymes. It lies behind the stomach in the left upper portion of the abdomen. Glucose is a form of sugar, broken down by our bodies from the food we eat. It is the main source of fuel for our bodies and is the brain's sole source of energy.

Insulin acts as a key by attaching to the glucose molecules and transporting them into the body cells where they can be used. The glucose cannot be used as energy if it remains in the bloodstream.

After food is broken down in the digestive tract into glucose, it is absorbed into the bloodstream. As the blood glucose level rises, the pancreas makes insulin and releases it into the bloodstream where it combines with the glucose molecules and transports the glucose into the body cells. Glucose cannot get into the cells without being attached to insulin. When the blood glucose level drops, the pancreas slows down the insulin production.

When someone has diabetes, the pancreas produces either no insulin or not enough insulin. When the food is broken down into glucose, the glucose goes into the blood stream and stays there because it does not have the insulin needed to get into the body cells. The body then has to turn to backup methods of getting the energy it needs, and it does this by breaking down fats and proteins. When the body breaks down fats for energy, ketones (a by-product of fat metabolism) are produced. The ketones circulate in the bloodstream and are excreted through the kidneys. However, ketones are more than the kidneys can handle quickly and, as a result, they stay in the bloodstream and cause the blood to become acidic. The body normally maintains a narrow range in its pH, and the ketones upset this balance. This can lead to a state called ketoacidosis and then to diabetic coma if proper treatment is not provided.

There are two types of diabetes. Type I, referred to as "insulin dependent" diabetes, occurs when the pancreas manufactures little or no insulin. Symptoms of Type I diabetes almost always come on suddenly. They include increased thirst, increased urination, increased hunger, sudden weight loss and feeling tired. No exact cause is known at this point, but viral illnesses that injure the pancreas and auto-immune problems that destroy the insulin-making cells in the pancreas have been linked to the disease.

Type II diabetes, also referred to as "non-insulin dependent" diabetes, occurs when the body either doesn't make enough insulin or cannot use the insulin it makes. Ketone production does not usually occur in Type II diabetes, but -- as with Type I -- Type II diabetes yields hyperglycemia, a building up of sugar in the blood.

Symptoms of Type II diabetes are chronic and can be easily overlooked. A Type II diabetic might share the same symptoms as a Type I diabetic that include blurred vision, dry itchy skin, numbness or tingling in the hands or feet, frequent infections, problems with sexual function and slow-healing cuts or sores. Again, no exact cause is known, but family history is an indicator for Type II diabetes as well as Type I. And although diabetes can affect people of any age or race, Type II diabetes has been tied to race and older age, as well as to family history, weight, pregnancy, hypertension and stress.

Story by CDR Rosalind Sloan, NC, and LT Victoria Wooden, NC
Naval Medical Center Oakland

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3. Professional Notes: Information on upcoming symposiums, conferences or courses of interest to Navy Medical Department personnel and wrap-ups on ones attended. Anyone with information to share in this section should contact the editor (see the last paragraph of this message on ways to do so).

The following meeting was recently announced:

-- 3 November, the First Annual Federal Medical Materiel Managers Forum, Irvine (CA) Marriott Hotel, hosted by the Naval Medical Logistics Command, Fort Detrick, MD. For more information, contact LTjg Randall R. Owens, MSC, at (301) 619-3009, DSN 343-

3009, or CDR Fred White, MSC, at (301) 619-2158, DSN 343-2158.
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